



# LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748  
www.hivcommission-la.info

*While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.*

## JOINT COMMISSION ON HIV/ PREVENTION PLANNING COMMITTEE (PPC) HIV PLANNING MEETING MINUTES April 11, 2013

**Approved  
2/13/2014**

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT, CONT.	PPC MEMBERS PRESENT	PPC MEMBERS ABSENT
Carla Bailey, <i>Co-Chair</i>	Mario Pérez	Michael Green, <i>Gov. Co-Chair</i>	John Copeland
Michael Johnson, <i>Co-Chair</i>	Karen Peterson	Anthony Gutierrez, <i>Com. Co-Chair</i>	Heather Grant
Sergio Aviña	Gregory Rios/Terry Goddard	Ricky Rosales, <i>Com. Co-Chair</i>	Brian Lew
Al Ballesteros	Juan Rivera	Sophia Rumanes, <i>Gov. Co-Chair</i>	Terry Smith
Cheryl Barrit	Stephen Simon	Juli-Ann Carlos-Henderson	Enrique Topete
Vivian Branchick	LaShonda Spencer	Trevor Daniels	Kathy Watt*
Christopher Brown	Harold Sterker	Michelle Enfield	
Joseph Cadden	Carlos Vega-Matos	Aaron Fox*	
Lilia Espinoza	Tonya Washington-Hendricks	David Giugni*	
Aaron Fox* (JPP Co-Chair)	Fariba Younai	Grissel Granados	
Douglas Frye		AJ King	
David Giugni*		Victor Martinez	
Joseph Green	<b>COMMISSION MEMBERS ABSENT</b>	Jill Rotenberg	<b>DHSP STAFF</b>
Thelma James		Milton Smith	
David Kelly	Anthony Braswell	Timothy Young	Kyle Baker
Ayanna Kiburi (by phone)	Whitney Engeran-Cordova		Trista Bingham
Lee Kochems	James Jones	<b>COMMISSION STAFF</b>	Elizabeth Escobedo
Brad Land	Jenny O'Malley		Ronald Merrick
Ted Liso	Kathy Watt*	Dawn McClendon	Pamela Ogata
Anna Long		Jane Nachazel	Jane Rohde Bowers
Abad Lopez		Glenda Pinney	Cheryl Williams
Jesse Lopez		James Stewart	Juhua Wu
Elizabeth Mendia		Craig Vincent-Jones	Dave Young
Angélica Palmeros		Nicole Werner	Paulina Zamudio
<b>PUBLIC</b>			
Ernesto A.	Erin Adams	Ursula Arutt	Vicki Ashley
Herman Avilez	Dalendo Balser	Jennifer Baughman	René Bennett

## Joint Commission on HIV/Prevention Planning Committee HIV Planning Meeting Minutes

April 11, 2013

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### PUBLIC (cont.)

Rosa Bennett	Adam Bente	Traci Bivens-Davis	Carla Blieden
Ron Brooks	Efren Chuez	Pat Crosby	Zoyla Cruz
Phil Curtis	Roman El-Krim	Lawrence Fernandez	Susan Forrest
Thelma Garcia	Elizabeth Gomez	Bridget Gordon	Victoria Grega
Shawn Griffin	Juana Gutierrez	Miguel Gutierrez	Timothy Hall
Shenit Hang	Marc Hauptert	Ronald Jackson	Jesse Jimenez
Uyen Kao	Jeffrey King	Kim Kisler	Luke Klipp
Faith Landsman	Joseph Leahy	Charles McWells	Gabriel Maldonado
Miguel Martinez	Kurt Miller	Salya Mohamed	Lelenia Navarro
Paul Prosser	Maria Rangel	Rotrease Regan	Terri Reynolds
Laura Romez	Natalie Sanchez	Sylvia Scott	Steven Shoptaw
Renee Stampolis	Fr. James Steele	Emmanuel Tapia	Tzeli Triantafillou
Monique Tula	Jithin Veer	Rene Vega	Michele Vertucci
Nicky Viola	Chloe Wang	Greg Wilker	Javantae Wilson

\* Indicates dual Commission and PPC membership

### 1. CALL TO ORDER: Mr. Rosales opened the meeting at 9:15 am.

#### A. Roll Call (Present):

- *Commission:* Bailey, Ballesteros, Barrit, Branchick, Brown, Cadden, Espinoza, Fox\*, Frye, Giugni\*, Joseph Green, James, Johnson, Kelly, Kiburi, Kochems, Liso, Long, Pérez, Peterson, Rios/Goddard, Rivera, Simon, Spencer, Sterker, Vega-Matos, Washington-Hendricks
- *PPC:* Carlos-Henderson, Daniels, Fox\*, Giugni\*, Granados, Michael Green, Gutierrez, King, Martinez, Rosales, Rotenberg, Rumanes, Milton Smith, Young

### 2. APPROVAL OF AGENDA:

**MOTION 1:** Approve the Agenda Order (*Passed by Consensus*).

## COMMUNITY COLLOQUIUM ROUNDTABLE

### *The Impact of Substance Use and Other Social Determinants on Youth with or At Risk of HIV*

### 3. COMMUNITY CALL TO ACTION: OUR CITY IS ON FIRE!

- Ms. Kao, Center for HIV Identification, Prevention and Treatment Services (CHIPTS), introduced Dr. Shoptaw, Executive Director, Center for Behavioral and Addiction Medicine, UCLA and a professor within both the Department of Family Medicine and the Department of Psychiatry and Biobehavioral Sciences, UCLA. Dr. Shoptaw's research focuses on substance use, in particular stimulant use, and its intersection with HIV. He has consulted with the United Nations in developing technical guidelines on prevention and treatment services for stimulant users. The guidelines should be released soon.
- Dr. Shoptaw presented a PowerPoint on the HIV Prevention Trials Network 061 (HPTN 061) Study. He hoped the results would motivate renewed optimism and energy to address a problem in Los Angeles that is out of control.
- HPTN 061 established cohorts in six cities to follow high risk Black MSM for a year and study the feasibility and acceptability of a multicomponent prevention intervention with peer health system navigation. The cities were: Atlanta, Boston, Los Angeles, New York, San Francisco and Washington, DC. HPTN 061 was conducted from July 2009 to October 2010.
- Black MSM recruited were: at least 18 years old; identified as man/male at birth; identified as Black, African-American, Caribbean, African or multi-ethnic Black; and had at least one episode of unprotected anal intercourse with a man in the last six months. Participants were offered incentives to refer up to five Black sexual partners for participation in the study.
- The study engaged participants more than is usual in research. Demographic information was collected and an ACASI behavioral assessment done. A social and sexual network questionnaire was completed with an interviewer. Participants were tested for HIV, gonorrhea, Chlamydia and syphilis and provided risk-reduction counseling. Peer navigators offered links to clinical and social services. Those testing positive for any infection were linked to treatment and medical care.

- Participants were categorized as: 1) HIV- at enrollment, the most sought participants; 2) newly detected HIV+ at enrollment; 3) prior HIV diagnosis, but not in care and/or having unprotected sex with partner(s) who were uninfected or of unknown status; 4) prior HIV diagnosis, but in care or only having sex with HIV+ partners, limited to not more than 10 per site.
- 174 of the 1,553 men enrolled reported a prior HIV diagnosis. Of the 1,379 without a prior HIV diagnosis: 46 refused testing and/or a baseline specimen was not available for confirmatory testing; 165 (12.4%) were newly diagnosed, including three with acute infection; 1,168 were uninfected at baseline; and 1,009 were tested for HIV during the study follow-up period. Biological samples and behavioral data were collected at baseline, six month and twelve month visits. Baseline and biological data work is complete. Behavioral markers of change are still being studied.
- Characteristics of the 1,553 men were: 34%, 30 years old or younger; 46%, at least some college; 31%, worked full- or part-time; 40%, annual income <\$20,000; 2%, transgender (sexual partners of men in study); 30%, identified as gay/homosexual.
- A multivariate logistic regression comparing Black MSM newly diagnosed with those HIV- showed: unprotected receptive anal intercourse, 1.90; age >30, 3.73; unemployed, 2.42; lack stable housing, 0.41; household annual income of <\$10,000, 3.60 and \$10,000 to \$49,999, 3.26; STI diagnosed at visit – 1, 2.02 and >1, 6.64. Compared to Boston, ratios showed the newly diagnosed more likely to be enrolled in New York City (Harlem), 4.22; Washington DC, 3.35; Atlanta, 2.32.
- Study conclusions are:
  1. Undiagnosed HIV and STI rates are very high among Black MSM and represent a major health disparity.
  2. Structural, behavioral and biological factors were independently associated with undiagnosed HIV among Black MSM which suggests the need for multicomponent programs.
  3. Given the findings, culturally tailored programs for Black MSM are urgently needed that encourage repeated HIV/STI testing, engagement in care and use of antiretroviral (ART) medications for treatment or prevention while addressing social and environmental factors.
- Dr. Shoptaw noted some individuals participate in studies regularly due to incentives. Some of the 12.4% newly diagnosed are among that population so sera are being tested for the presence of ARTs which would indicate prior diagnosis.
- Participants reporting past HIV- or unknown status at enrollment and no HIV testing within the past 12 months were identified as nonadherent to HIV testing guidelines. 23% of participants at enrollment reported nonadherence and 14% reported never testing prior to the study. Nonadherence was associated with age 35 or greater, unemployment and not having seen a medical provider. 97.5% of participants agreed to HIV testing through the study.
- 19% of those newly diagnosed with HIV had a late diagnosis (CD4 <200). That was associated with age 35 or greater.
- Baseline behaviors for 1,009 participants in the prior six months were: median number of biological male partners, 3; unprotected anal intercourse, receptive, 47% and insertive, 76%; transactional sex for receipt of money/goods, 23% and for provision of money/goods, 10%; stimulant use, 38%; had any STI, 4%.
- Dr. Shoptaw noted Black individuals, in particular Black men, are known to be disproportionately impacted by HIV. Even so, this is the first and largest prospective study of Black MSM in the US in 30 years. It should launch, not end, renewed study.
- HIV incidence over the course of the 12 months was high at 2.8% and higher among: young men, 5.9%; gay/homosexual-identified men, 5.0%; and those reporting unprotected receptive anal intercourse, 4.9%.
- Incarceration was defined as spending at least one day in jail or prison in a person's lifetime. Rates varied per study city ranging from 30% in Washington DC to 70% in Los Angeles. Factors associated with incarceration were: transgender identity, straight/heterosexual identity, early childhood sexual experience, and increasing age.
- HPTN 061 studied differences in psychological, social, substance use and HIV sexual risks between Black Men who have Sex with Men Only (BMSMO) and Black Men who have Sex with Men and Women (BMSMW). The study collected data on alcohol use and on drug use with unprotected anal intercourse with the last male partner as well as giving or receiving money or drugs for sex with the last male partner.
- 47% of participants were BMSMW. They were significantly more likely to report internalized homophobia, substance use (including alcohol), more depressive symptoms and less social support than BMSMO. BMSMW were also significantly more likely to report using drugs and alcohol within two hours of unprotected insertive anal intercourse with their most recent male partner as well as to receiving money or drugs for sex compared to BMSMO.
- Dr. Shoptaw noted BMSMO and BMSMW are fluid categories. Nearly 17% changed their behavior from one category to the other during the study. Interventions therefore should target behavior rather than identity. Of this population, BMSMW were more likely to be experiencing more stress, but to engage in lower sexual risk behaviors. BMSMO engaged in higher sexual risk behaviors, but experienced fewer psychosocial factors. The categories together represent a middle risk level.
- HPTN 061 studied perceived discrimination in Black MSM and its association with healthcare utilization and HIV testing. Of participants: 19% reported discrimination. 60% used healthcare in the past six months, 81% had an HIV test in the past year.

- Reported discrimination toward the participant or someone known by him was positively associated with healthcare use and HIV testing. Possible reasons were: lack of trust caused persons to seek care; differential sensitivity to, recognition of, and reporting of discrimination; greater healthcare experience provided more opportunity to experience discrimination.
- A Black Caucus was implemented in HPTN 061 to engage the community. It ensured design, implementation, analysis and interpretation of data was racially and culturally appropriate and spurred diversified protocol leadership and BMSM employed in key positions at research sites. The Black Caucus also developed a retention analysis covering burden/benefit analysis, intervention delivery and community engagement to increase retention at all research sites.
- Los Angeles led in the creation of continuing structures in the National Institutes of Health (NIH) to promote African-American professional careers via mentorship programs and bringing young MDs and PhDs into the mentorship process.
- The BROTHERS Project was the HPTN 061 Los Angeles component. The goal was to recruit twenty high-risk BMSM monthly. The site achieved the second highest study enrollment. Recruitment was conducted at: bars, night clubs, adult book stores, HIV testing sites, sex clubs/bath houses, LGBT youth centers, bus stops and through college campus nurses.
- The median age for enrollees was 40. Initial enrollment was skewed toward older men, but enrollment was suspended for one month to target youth for a more representative sample. 260 (93%) had no partner/spouse while 16 (6%) had a male and 3 (1%) had a female partner/spouse. Household status was: alone, 97 (35%); partner, 22 (8%); roommate, 72 (26%); relatives, 44 (16%); no home/other, 44 (16%). There were just 102 (37%) participants with current healthcare.
- 66 (24%) had full- or part-time work while 159 (57%) were unemployed and 59 (20%) were unable to work which reflects a major structural problem for the population. Nevertheless, education levels were fairly good: < high school graduate, 50 (17%); high school graduate, 116 (42%); some college, 90 (32%); more than a bachelor degree, 23 (9%).
- Annual income was: <\$5,000, 106 (38%); \$5,000-\$9,999, 45 (16%); \$10,000-\$19,999 66 (24%); \$20,000-\$29,999 34 (12%); >\$30,000, 28 (10%). Reported frequency of insufficient funds was: never, 137 (49%); once in awhile, 96 (34%); fairly often, 29 (10%); very often, 17 (6%). It is notable that 54% were living in Los Angeles on less than \$10,000 a year.
- There was broad variety in reported sexual identities: homosexual, 81 (29%); gay, 127 (46%); bisexual, 90 (32%); heterosexual, 7 (3%); same gender loving, 47 (17%); sexual, 35, (13%); queer, 10 (4%); two spirited, 12 (4%); questioning, 7 (3%); polyamorous, 1 (<1%); pansexual, 2 (1%); straight, 10 (4%).
- 36 participants (12.9%) were sent to prison/jail over the one year study period mostly due to drug-related offenses. That impacted the ability to achieve a 90% follow-up rate goal. Researchers should adjust follow-up expectations when working with this or similar populations due to the difficulty, and often impossibility, of follow-up with incarcerated participants.
- 88 participants were HIV+ at baseline with about half controlled. Just 15 (36%) had a Viral Load (VL) <48 (undetectable). All those testing HIV+ were facilitated to HIV medical care. Evaluation of whether care was and is being accessed is continuing.
- Los Angeles provided 17% of overall HPTN 061 data, but 40% of seroconversions. 10 of 144 participants followed over the year seroconverted for an infection rate of nearly 7%. 7 tested HIV+ at six months, 2 at twelve months and 1 acute case at baseline. The baseline acute case was not included in further analyses though some additional data was noted.
- 9 of 10 were under 30 with 6 under 22. 7 initiated sexual activity between 15 and 17. Most completed high school or some college. 5 reported no health care coverage with 3 needing it and not receiving it due to cost. 8 reported annual household incomes <\$20,000. 1 reported use of crack cocaine and 1 crack cocaine and methamphetamine.
- At one year, VL information was available for 8 participants. None had less than 50 copies. 4 had 200 < x <2,000 copies ng/mL with 3 decreasing 1+ log from six to twelve months and one having only one sample due to seroconversion. Three had 2,000 < x 20,000 ng/mL with one unchanged from six to twelve months and two seroconversions. One had 360,000 copies ng/mL with no change from six to twelve months. The acute infection had 73 ng/mL with a two log decrease from six to twelve months.
- In summary, the Los Angeles site successfully recruited Black MSM at risk for HIV. Most were over 30 and lived on less than \$10,000 per year. Recruitment was halted and restarted midway in the study to target younger MSM. There was high HIV prevalence at baseline and high rates of depression.
- Los Angeles has an important voice in informing domestic HIV approaches through providing the lived experiences of Black MSM. Its contributions to network science are important with leadership in the Black Gay Research Group and emerging leaders in behavioral science. Los Angeles is preparing for a follow-up study, HPTN 073, planned to start by July 2013. The study will provide pre-exposure prophylaxis for at risk Black MSM to add a new approach to prevention.
- Dr. Shoptaw said this report was presented to DHSP. Consequently, DHSP set up groups of young Black MSM to provide input on how best to address the problem. He praised the spirit of cooperation.
- He posed several questions for consideration. What is the value of more behavioral HIV prevention given that Black MSM have risky sex at the same rates as other MSM, but higher incidence rates? What is the value of biobehavioral prevention interventions such as treatment as prevention, PEP and PrEP?

- Gregory Millet's "Leaky Cascade" meta-analysis of Black MSM compared to other MSM points to higher infectiousness. It shows Black MSM have odds ratios 40% to 60% lower than other groups for performing well on factors of: undetectable VL, adherence to ART, taking ART, starting ART before 200 copies, attending clinic visits and having health insurance.
- Black MSM have stifling structural problems such as employment, stigma, discrimination, incarceration, and drug and alcohol use. This raises the question of what place addressing survival needs might have in addition to addressing sexual, primary and HIV health care needs for Black MSM. Young, low income men may prioritize survival needs before health care.
- Another issue is that HIV incidence attributable to stimulant use in MSM cohort studies is 16% (EXPLORE) to 33% (MACS).
- Sexual debuts for 9 of 10 HPTN 061 incident cases are in the high school age range which is normal for this culture. Nine of 10 incident cases also graduated high school so that could offer an opportunity for prevention interventions/information.
- Finally, the experience of young Black MSM can diminish trust with the dominant culture which impacts outreach.

**4. PANEL DISCUSSION: ARE WE WATCHING IT BURN OR ARE WE PUTTING IT OUT?**

- Mr. King, Executive Director, In the Meantime, recognized the African-American researchers and young gay men throughout the country as being very instrumental in the results. Even in 2013, it is unique for Black, gay researchers to be involved.
- He indicated that he was not shocked by the results. The only time he has seen Los Angeles on fire was during the riots when Black people took out on themselves anger at what was happening to them as a people. The root of these study numbers is racism. We can only begin to address the numbers by understanding that root – what it means to be a Black person in America.
- In the Meantime started the African-American MSM Task Force and has made recommendations for 30 years at County, State and Centers for Disease Control and Prevention (CDC) levels. Overall, recommendations have been ignored. Black gay men often do not appear at venues such as the Commission meeting not because they have not been involved – but because they were and are now discouraged.
- Mr. McWells, HIV Prevention Services Manager, LA CADA has worked as in this field for 12 years. He is also a Black same-gender-loving man living with HIV and a history of substance abuse. If one chose just one word to describe the issue, it would be racism. Others are homophobia, stigma about HIV and the problem Black men face when they are also gay men.
- These issues are key, but few are addressed by funded interventions. In the Meantime addresses the issues despite lack of funding. LA CADA addresses them through Many Men, Many Voices. In the Meantime, LA CADA and one other agency that has funded Many Men, Many Voices are the only agencies addressing these issues. Black researchers and those who have built trust in communities bring "brothers" in, develop relationships and retain them in services for little or no money.
- He analyzed data for his program, the At Risk Men Services Project, funded by DHSP and the City of Los Angeles AIDS Coordinator's Office. About 40% of clients served last year were <25 with about half of those HIV+. Nearly all men served had a history of substance abuse and about two-thirds of those reported substance use during unprotected sexual activity in the previous 12 months. High incidence rates are not surprising for men not empowered to protect themselves or others.
- Funding is limited for Black MSM and a disproportionate share goes outside communities where those needing services live. Just one program south of Wilshire Boulevard is funded for a meaningful intervention. That minimizes impact.
- Ms. Bivens-Davis, Community Engagement Coordinator, ReachLA noted she is a mother with three sons in high school and middle school. Every day they talk about sex including conversations her sons have with each other and with their friends. She talks with them about the social influences that will keep them safe and those that will rob them of their lives.
- As a Black woman, in her work and personal life, she feels a social responsibility to help save her Black brothers. She felt Black men face the highest social discrimination due to the disproportionate impact of social barriers: shame; silence; stigma; homophobia; crime; 75%, unemployed/unable to work; 70%, history of incarceration. Who will hire them? How do we reach men who will not return to a clinic because they know someone there? Or who sell their ART for drugs? Or share them with a friend? Many Black women are also becoming HIV+ as Black MSM also often have sex with women.
- Despite talking about this for decades, youth still practice high risk sexual behaviors, use stimulants and face even more social barriers to living healthier lives and making better decisions. She challenged everyone to make a difference.
- Mr. Martinez, Project Manager, Risk Reduction Services, Children's Hospital Los Angeles, has a different perspective since he is not part of the Black community, but his program has done prevention, care and research concerning young people since the late 1980's. More recently it has also engaged in capacity building across the country.
- Most of those working with youth agree issues are not new. He is struck that people have forgotten the conversation that started at the beginning of the epidemic which defined HIV as a social justice issue. We should not be surprised at barriers to care and inequities in outcomes for communities such as Black MSM and Black transgender women.
- Ageism is also an issue along with racism and homophobia. There are many excellent interventions in the County with different perspectives on race, but a youth development perspective and understanding of adolescent development is

generally lacking. Young people are described by their deficits without considering their resiliency, basic brain development, basic adolescent development and how those things conflate with young people of color. Often that combination may result in coping mechanisms that we find challenging such as use of stimulants.

- In 2000, Children's Hospital Los Angeles served 95 to 100 young people. It will serve 135 to 140 in 2013. In 2000, the majority was Latino. It is now African-American. There is also now a large East Hollywood African-American youth population, but it is not known whether they are migrating because services are there or because they feel safe there.
- Mr. Martinez urged educating the work force in adolescent development, brain development which continues until 25 and the impact of trauma and stimulants on the brain, and including the community in development of research questions.
- He called attention to primers on defining social determinants of health developed with CHIPTS and on defining structural change to address social determinants. He also noted Connect to Protect (C2P) Los Angeles exemplifies a research intervention for youth that brings agencies together to address issues. Information on all three was on the resource table.

## 5. COMMUNITY DISCUSSION: WHERE TO GO FROM HERE?

- Dr. Shoptaw said, while data may not be new, without new movement the incidence rate of approximately 7% for Black men at high risk will continue. This is evidence-based data that should act as a marker.
- Dr. Trista Bingham has developed data that shows Black men have an incidence rate approximately two to three times higher than white or Latino men. Mr. Millett's cascade demonstrates that HIV+ Black men are half as likely to have a positive response to medical care which means their potential partners are at twice the risk of transmission.
- The National HIV/AIDS Strategy addresses HIV as a disease and articulates public health strategies for reducing disease transmission. HIV+ and HIV- advocates should work together to address the major structural issues that interfere with young men caring for their sexual health. Many are hard to address such as unemployment and racism, but we must start.
- Mr. King noted DHSP recently convened a group of young Black gay men to make recommendations. Some were older than 20, but many have not been groomed as critical thinkers to step outside themselves and dissect their behaviors.
- There was a forum on 4/9/2013 at In the Meantime for LGBT youth. A young man was asked, "How do we address this issue?" He responded, "You can't. There's nothing you can do about it. Until an individual values his life, sees that his life is worth something, there's nothing that anybody can do about it." The group was stuck with that truth which was his truth.
- Mr. King felt there are things that can be done. Those involved in both the care/treatment and prevention aspects of HIV speak about the "continuum of HIV services" but, even as the systems begin to work better together, we need to recognize HIV systems alone cannot address every issue. There are, however, other established organizations in the community such as the Urban League that can become our partners in addressing systemic issues.
- Mr. Land called attention to pockets of poverty and segregation throughout the County. In his City of Pasadena, the densest and highest poverty population is in a three by six block area – ironically not far from the Pasadena Health Department.
- He also called attention to social influences. At 16, he loved an African-American man who grew up in Compton and had infected himself through intravenous drug use. The man's family dynamics created barriers, e.g., his mother told him, "You're going to fail. You've got to work harder." He expressed concern that stigma within the home is also an issue.
- Mr. McWells agreed pockets of poverty and family stigma were contributing factors, but felt external issues are key, e.g., it is hard for young Black men to get the critical entry level jobs that help build self-esteem.
- The Alcoholics Anonymous model works because someone who has come through the fire mentors someone new. LA CADA has a social educational program in which men can become peer health educators after their intervention. Monthly field trips start with an educational activity. Data will be analyzed next month, but anecdotally those who participate do better in maintaining HIV risk reduction behaviors and substance use abstinence. Funding would allow broader model adoption.
- Ms. Bivens-Davis said many deal with the systemic problem of fractured families and their impact on healthy thinking. Some choose unhealthy coping skills such as alcohol, drugs or sex. ReachLA is capitalizing on opportunities for peer-to-peer interactions such as peer advocacy in and outside of schools to educate youth and an LGBT youth leadership program in which youth guide conversations on substance use or stigma with peers and leaders are trained to help them set goals.
- Mr. Smith agreed issues are not new. He urged ramping up a competitive spirit to move from "losing" to "winning" by, e.g., reducing infections and increasing access. The key to addressing social determinants is mentoring, but Black gay mentors are rare. He urged agencies not to look at clients as numbers for a particular service, but rather holistically.
- Mr. Liso felt depression due to social determinants should be addressed through families, schools, faith-based organizations and the community at large. Each individual needs to advocate on behalf of Black men and women.
- Mr. Pérez noted many have talked about the "City," but HPTN 061 was a County effort. The County includes 88 cities as well as concentrated social and sexual networks with high HIV prevalence. He stressed better understanding of those networks.

- For a couple of years, since the CDC released its updated national incidence numbers, incidence has decreased in virtually every group except young men. Those increases are driven by increases among young Black men especially gay young Black men who represent an increase of 48%. The County has often estimated an approximate 30% prevalence for Black men.
- What is newly documented is that 7% of Black men are seroconverting every 12 months. That rate is twice the rate reported in places such as San Francisco and Washington DC. That is what is severely alarming.
- DHSP is committed to addressing the structural, biological and behavioral issues mentioned and convened a group of young Black men to help inform programmatic choices. But these issues transcend what DHSP, the Department of Public Health (DPH) and the Department of Mental Health (DMH) can do. The Urban League, faith-based institutions, schools, the business community and others all must play a role.
- HPTN 061 data reflects that participants primarily did not access health care because it was too expensive. The Affordable Care Act (ACA) potentially can address that issue, but he cautioned that the health care system is not an inviting one to young Black men. A payer source that does not embrace young Black men can dissuade them from consuming health care.
- The ACA also has implications for the long-noted high rates of depression, including mild depression, among young men. DMH currently only addresses severe depression. Work is contracted out to a broad cross-section of community-based providers, but the providers may not embrace the needs of young Black men.
- Mr. Pérez acknowledged concerns that RFPs miss the mark, but DHSP must meet funder requirements. A CDC official once called for “game-changers” here, but he returned to Britain and his influence on reshaping CDC requirements left, too.
- DHSP has gathered confidential feedback from young men. Key results are:
  1. Offer broad programmatic flexibility. In response DHSP has purchased a broad range of services. That may mean taking some risks with CDC HIV prevention resources, e.g., to purchase mental health services, support employment development or job training, and address other issues that may not fit nicely in the CDC HIV prevention box.
  2. Offer non-HIV exclusive services such as blood pressure and non-HIV sexual health services. Locally there are many HIV-centric services. The menu of services will need to change and broaden to improve impact.
  3. Causes for seeking services north of Wilshire include shorter lobby wait times, a more welcoming environment and a perception of higher quality services. We need to understand and own such perceptions to change them.
- As shameful as HIV incidence rates, there are also very high rates of STDs in South Los Angeles in particular in the Second District especially among young women of color and young Black men. The approach to STDs in this area probably needs to be deconstructed and rebuilt from scratch. In many respects, the same approach is probably needed for the HIV response.
- DHSP has partnered with agencies to implement biomedical interventions – treatment as prevention, PEP, PrEP. But, in many ways, there are mixed messages in the County on whether people should be on treatment and the benefits of PEP or PrEP. There should be more uniform messaging and a united approach to environmental, structural and social issues.
- Ms. Mendia noted Whittier Rio Hondo AIDS Project is completing twenty cultural competency trainings with a focus on LGBTQ youth, including development and resiliency for DMH-funded providers. She urged advocacy to stop Governor Brown from vetoing bills mandating broad cross-cultural competency training. Funding should be improved not hindered.
- Mr. King noted In The Meantime has worked with young Black gay men for 13 years. The CDC through DHSP has funded analysis of My Life, My Style – the only intervention nationally that focuses on Black gay men aged 18-29.
- Mr. McWells suggested DHSP add a search function for a listing of programs for young Black gay men. Clients are often more informed than providers about programs. He and Mr. King urged more partnerships like their agencies have.
- Mr. Martinez urged serving all youth populations because Los Angeles is multi-ethnic and the populations interact.
- Mr. Griffin had heard as many as 92% of African-American men entering substance abuse treatment are mandated to do so by the criminal justice system. He asked about interventions in light of the substance use-HIV transmission link.
- Ms. Bivens-Davis noted 1 in 12 people overall is alcohol or drug dependent and many do not see their use as a problem. Mr. King added many young people today use pills and powdered cocaine. Agencies that address these issues need to be brought to the table. They often do not know how to address gay men or HIV+ gay men, but are willing to learn.
- Mr. McWells said Dr. Maxine Liggins, an African-American physician, reported at a conference over 10 years ago that crack cocaine is the train driving the HIV epidemic in the African-American community. It still is, but there is notable funding for crystal methamphetamine interventions and none that he knew of for crack cocaine. That represents a choice.
- Mr. Kelly noted he is an HIV+ Black gay commissioner and invited the young Black gay men present to get involved.
- Dr. Bingham said, as a community-based County researcher since 2003, she has seen unrecognized infections among Black MSM decline. There are more testing opportunities, help in disclosing HIV or STIs to partners and help in accessing care.
- She praised In The Meantime staff who helped build and implement the My Life, My Style study of 500 young Black MSM. The baseline survey shows 88% are willing to use PrEP. There is over 90% retention at three and six months. Unprotected anal intercourse in the first three cohorts has declined to date. The CDC is very impressed with the provider’s leadership.

- A sample of intervention participants is interviewed to determine what was impactful. Everyone Dr. Bingham has spoken with has said it was the first time he had sat with other Black gay men and discussed issues that mattered to him.
- Mr. Maldonado is a Black gay man under 30 who grew up in Compton with a single mother on welfare. He experienced sexual abuse and domestic violence. He came out three years ago and sought community involvement to empower himself. He applied to volunteer at three major LGBT organizations. He was refused after an application, an interview and a phone interview despite two bachelor degrees and an MBA. He is now with In the Meantime which is like his new family.
- Realities of his "city" are poverty, lack of education, lack of access to basic health care, lack of self-identity, lack of self-worth, internalized homophobia, internalized racism and external racism in West Hollywood. He felt the city is not burning. It has never been built. We know the solutions. We need funding to address the root issue – internalized lack of self-worth.
- Ms. Forrest pointed out those initiating sexual activity at 14 to 16 years old often have adult partners. That raises issues of power dynamics especially with youth who have histories of trauma, abuse and not being heard or seen. Ms. Bivens-Davis said HPTN 061 cannot work with those under 18, but it is important to look at experiences of men holistically, e.g., what are the ages of their sexual partners, the power dynamics in various relationships, sex work and sexual trafficking.
- Ms. Tula asked about innovative approaches such as Jeffrey Canada's Harlem Children's Zone which poured resources into isolated pockets of New York City to help children stay on track through college and into jobs. Representatives of education, after- or out-of-school youth activities, social services, health organizations and others collaborated.
- Mr. Pérez noted the Zone targeted a block at a time. Each child received a backpack with school supplies and families were connected to drug treatment, counseling and other resources. The County might emulate it by targeting larger areas, e.g., ten blocks but, while the HIV community could champion it, the broader community would need to implement it.
- He noted DHSP is close to new RFPs for HIV and STD prevention services. There will be multiple phases with the first focusing on the holistic needs of Black and Latino MSM with an initial emphasis on young men. DHSP is also supporting intensive youth case management programs to provide peer and system navigation support for HIV+ and at risk youth.
- Dr. Daniels, Founder and Chief Executive Officer, Teaching Professional Advocates has 17 years experience in cultural competency and finds people generally know less than they think they do. Education should precede new interventions.

## JOINT COMMISSION/PPC MEETING

### 6. APPROVAL OF MEETING MINUTES:

#### A. March 7, 2013:

**MOTION 2:** Approve the minutes from the March 7, 2013 Joint Commission/PPC meeting, as presented (*Postponed*).

### 7. CONSENT CALENDER:

**MOTION 3:** Approve the Consent Calendar with Motions 4, 5 and 6 pulled (*Passed by Consensus*).

### 8. PARLIMENTARY TRAINING: There was no training.

### 9. PUBLIC COMMENT, NON-AGENDIZED OR FOLLOW-UP:

- Ms. Blieden, Clinical Pharmacist, Maternal, Child and Adolescent Center (MCA), LAC+USC expressed concern at MCA's proposed relocation. Over 1,000 patients are cared for by 86 clinical and research staff annually. It is the largest County HIV clinic to specifically treat HIV+ pregnant women. It also boasts a 90% retention rate in clinical care and research studies consequent to its unique, comprehensive and family-centered model.
- MCA needs adequate space to care for HIV-infected and HIV-affected families, children and adolescents, e.g., the staffed children's playroom allows parents to see physicians, nurses and therapists uninterrupted and confidentially.
- Ms. Gordon, an MCA patient, said her private physician gave her several ob/gyn referrals when she became pregnant. None would see her because she is HIV+, but MCA welcomed her. Even after Nina was born, care was so supportive she recommended HIV- friends before learning MCA was only for HIV+ women and their families.
- She was infected by her husband, as are many other women in heterosexual relationships. Diagnosed in 2000, no organizations offered services for heterosexual women except Women At Risk which is no longer available. MCA has a 17-year record of not one child of an HIV+ mother seroconverting due to its services. Those services must be protected.
- Ms. Bennett, Member, Community Advisory Board (CAB), MCA said CAB members and patients like herself are concerned about the MAC move planned for June. MAC has a successful 25-year history. Mothers receive help in accessing care for



themselves and their families including HIV+ children who need special attention. While providers will remain, there is concern space at 5P21 will be insufficient for the range of MCA multidisciplinary services. 5P21 will also sacrifice space.

- Mr. Johnson noted there is continuing dialogue on the impact of the planned move on both MAC and 5P21.
- Ms. Landsman announced Dr. Ronald Mitsuyasu will present on his research regarding three UCLA gene therapy trials on 4/25/2013, Plummer Park, 6:00 pm. Dinner is provided. Providers and clients are welcome. Dr. Mitsuyasu has worked at UCLA since the discovery of the first cases of AIDS on 6/5/1981. Call 310.557.9916 to RSVP.

**10. COMMISSION/PPC COMMENT, NON-AGENDIZED OR FOLLOW-UP:** There were no comments.

**11. CO-CHAIRS' REPORT:** Mr. Johnson welcomed new Second District commissioner, Mr. Sterker and guest Mr. Gutierrez, Director, CARE Program, St. Mary Medical Center. He encouraged continued CARE Program Commission participation.

**A. Committee 2013 Work Planning:**

- Mr. Johnson noted it is important as part of the unification process for all committees, task forces and working groups to identify how to transition duties, work plans and priorities into the new unified body in a way that makes sense.
- It is especially important for those in leadership positions on the Commission and PPC who do not plan to join the new body to prepare materials for the new leadership including historical knowledge and lessons learned.
- Both bodies continue to cross-walk their work to ensure the new body is able to protect services and patient access.

**12. EXECUTIVE DIRECTOR'S REPORT:** There was no report.

**13. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:** There was no report.

**14. CALIFORNIA OFFICE OF AIDS (OA) REPORT:** There was no oral report, but a written report announced a teleconference, 4/12/2013, 1:00 to 2:30 pm, for stakeholder input on care-related components for the 2013 California Integrated HIV Surveillance, Prevention and Care Plan scheduled for completion in the fall.

**15. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT:**

**A. HIV Epidemiology Report:**

- Dr. Frye reported the 2012 Annual HIV Surveillance Report has been released. It is in electronic form only and can be accessed on the DHSP website. Commission staff will distribute the web address as well and possibly a PDF copy.
- There is now a significant section on HIV, not AIDS including diseases and indicators. MSM is broken out by race and ethnicity because of the size of the group. Black MSM do approximately as well as other groups in linkage to care, but do a couple of percentage points less well in retention in care and 13% less well in viral suppression.
- On a hopeful note, several studies have shown a reduction in the percentage of those unaware of their HIV status among younger populations. The incidence of HIV diagnosis is also declining countywide including among Blacks, but Black incidence remains two-and-a half times higher than for other groups.

**B. Administrative Agency Report:**

- Mr. Pérez reported DHSP continues to work closely with the Department of Health Services (DHS) to ensure the smooth migration of PLWH from the Ryan White system to other payer sources. There will be an update on progress soon.
- DHSP recently submitted its STD progress report. The STD control strategy guidance is expected soon. The application is for the next five years of STD federal funding. DHSP plans to use it to modernize the local response. The due date is likely to be similar to those for the Ryan White application and the CDC HIV Prevention Cooperative Agreement.
- Ms. Palmeros reported some clients are having difficulty in being assigned infectious disease physicians as a result of migration to the Low Income Health Program (LIHP) or private insurance. Strong implementation of Medical Care Coordination (MCC) is important especially with such clients who often have mental health or substance abuse issues and have difficulty adhering to treatment plans. Issues pertain to both low income and other clients.
- Mr. Land noted an RFP was recently released for patient navigation. He urged improved navigation across systems. Mr. Pérez noted DHSP is working on patient navigation in multiple systems, e.g., peers are helping improve navigation for HIV+ inmates on release. DHSP staff has found even they have difficulty accessing Ryan White services quickly.
- Linkage to care workers are also targeting a variety of groups countywide through multiple partners. Clients entering the system will receive more navigation assistance as MCC increases staff. Mr. Vega-Matos noted there are issues in developing benefits navigation since systems are not yet finalized. DHSP has also received requests from community

partners to support applications for peer navigation projects, but there is no standard definition for it yet. DHSP is developing definitions with the Standards of Care Committee and Linkage to Care Expert Review Panels.

- He also noted policy issues. The Ryan White system uses HIV and infectious disease specialists for primary care, but other systems use family or internal medicine physicians. Reimbursement issues are also linked to that difference.
- Mr. Land said the Centers for Medicare and Medicaid Services (CMS) and the Department of Health and Human Services (HHS) are developing Memorandums of Understanding (MOUs) for California health care services now. He urged advocating use of the Standards of Care developed by the Commission while the public comment period is open.
- Mr. Vincent-Jones noted Motion 5 would establish the Community Engagement Task Force. It would develop a dissemination plan for the standards. Dr. Younai said it is also a priority to analyze data on the standards' measures and publish the results just as Kaiser does. The data and analysis are what sells adoption to other systems.
- Mr. Vega-Matos said DHSP has advocated at the national level for a uniform minimum set of HIV care standards and reached agreement with DHS to adopt Ryan White standards for HIV specialists in LIHP. There is no information as yet on what Medicaid or the state will do, but DHSP raised the issue at a conference call with the state and Project Inform.
- He emphasized decisions are being made in multiple forums even while system changes continue. It is essential to coordinate and rely on different Ryan White community partners assuming different roles for a united effort.
- California, and especially Los Angeles County, was unique in being able to get a seat at the table early in the planning process. The pieces developing now are bigger and we will have to fight our way to the table.
- Mr. Pérez acknowledged the perception that CMS and HHS are closer to agreement on national ACA implementation. California will also be making decisions on which plans to approve for services under ACA including their essential benefits and service constructs. The Presidential Advisory Council on HIV/AIDS (PACHA) identified ACA implementation for PLWH as its top policy issue and dedicated its 4/22/2013 meeting to it. Mr. Pérez, a PACHA member, will attend.
- Mr. Ballesteros urged also promoting the benefit of addressing care and prevention services together. He suggested starting by offering technical assistance at the County level to help prevention agencies partner with care agencies.
- ➡ Mr. Pérez will work with Messrs. Baker, Fox, Vincent-Jones and others to inventory and report on ACA implementation conversations in which DHSP has participated to ensure the County perspective is at the forefront and the Commission's standards of care are available to decision making bodies. He will also report on the 4/22/2013 PACHA meeting.

## 16. COMPREHENSIVE HIV PLANNING (CHP) TASK FORCE:

### A. Unification Process Status Update:

1. **Draft Amendments to County Code 3.29:** Mr. Rosales noted the draft letter to the Board outlining background and recommendations for the Board to take action on the Ordinance. There were meetings with Board Offices and the Chief Executive Office the prior week to review the Ordinance, answer questions and receive feedback for additional revisions. Revisions suggested were minor and have been incorporated. Clean and track-change copies of the Ordinance were in the packet.
2. **Unification Work Plan and Timeline:** Work remains on schedule for the inaugural unified planning body meeting on 7/11/2013.

### B. Proposed Commission Bylaw Revisions:

- Mr. Rosales reviewed the revised draft Bylaws which were opened for public comment through 4/26/2013. Mr. Vincent-Jones added a vote is planned on the Bylaws at the 5/2/2013 Joint Commission/PPC meeting. HRSA and CDC Project Officers need to approve the revisions prior to the vote so the draft has been sent to them for their review.
- Most revisions incorporate language to include the CDC, HIV prevention and STD activities. Duties and responsibilities were clarified and definitions added to ensure language was inclusive of HIV prevention and STD programs.
- Membership seats were changed to reflect the Ordinance. Language was added to Item III, Section 6, A, consistent with existing practice, that allows the Executive Director to vacate a seat after six months of consecutive absences if the member's term is expired, or if a member has left the jurisdiction and/or no longer meets qualifications for the seat.
- Additions to the open nominations process incorporate an emphasis on those at risk or affected as well as PLWH.
- The body's Fiscal Year (FY) is aligned with the County FY of July 1<sup>st</sup> to June 30<sup>th</sup> in order to better align resources.
- Section 4 was added to VII Policies and Procedures to highlight the existing procedure to resolve complaints related to internal Commission matters such as violations of the Code of Conduct or other disputes among members.
- Item VIII Leadership, Section 1 defines Commission Co-Chair terms, election, roles and responsibilities. As determined at the last meeting, one must be HIV+ with best efforts to ensure the two Co-Chairs reflect the diversity of the local HIV epidemic. Section 2 addresses Committee Co-Chairs. Neither section was substantially revised.

- Item IX Commission Work Structures defines the five standing committees and other working units including caucuses composed of subsets of Commission members who are members of “special populations” and ongoing or time-limited task forces to address a specific issue. Following sections define voting membership and responsibilities for each committee: Executive; Public Policy; Operations; Planning, Priorities and Allocations (PP&A); and Standards and Best Practices (SBP).
- Public Policy staff and other expenses will be covered by funds other than Ryan White Part A or CDC since some Committee activities may be construed as outside the purview of a Ryan White Part A or CDC planning body.

**C. Transitional Open Nominations Process:**

- Mr. Rosales noted applicants need not have served on the Commission or PPC to apply. Current Commission, PPC and Task Force members are encouraged to recommend those who have not previously served and who are suited to one of the seats. They are also welcome to apply themselves. Applicants are asked to attend at least one Commission, PPC, committee or task force meeting prior to applying in order to have a better understanding of the work involved.
- It was hoped the application would be available for this meeting, but it will be available for distribution on 4/15/2013.
- There is one, 5-page application that reflects all HRSA and CDC requirements. A resume may be attached, but is not required. All applicants except those for institutional representative seats must sit for an interview as part of the application process.
- Application sections are: contact information, recommending entity/constituency, demographic information and membership categories for the applicant to indicate for which seat(s) he/she is best suited.
- The County-required Statement of Qualifications will be addressed separately. It may be available online by the time interviews are being conducted. If not, it can be submitted at the time of the interview.
- The deadline for the first cohort of nominees/members is 5/2/2013 to allow time for: completeness review by staff; Membership work group review; interviews, 5/13-24/2013; Membership work group selection of candidates to forward for nomination at the 6/13/2013 Joint Commission/PPC meeting; and appointment by the Board by 7/9/2013.
- The goal is to identify at least 26, or half the members, in time for their appointment for the planned first meeting of the unified body on 7/11/2013. The nominations process will be ongoing after the first cohort is forwarded.
- The Membership work group will expand to 12 members to address the work of evaluating applications and conducting interviews. Four-member teams equaling representing the Commission and PPC will conduct interviews.
- The Operations Committee will assume open nominations work once it is established in late August or September.
- ➡ Correct “Has completed eligibility trainings” to “Has completed orientation trainings,” New Member Application Evaluation and Scoring Form, Page 1.

**MOTION 4:** Approve the transitional Open Nominations Process plan and materials, as presented (***Passed by Consensus***).

- D. Community Engagement Task Force:** The proposed Task Force will help develop a plan to receive feedback and information from the community and respond to it in a cohesive way for the Commission and its working bodies.

**MOTION 5:** Form the Community Engagement Task Force to commence meetings within a month and begin developing plans for consumer education, information and referral and quality dissemination (***Passed by Consensus***).

**17. CAUCUS REPORTS:**

**A. Latino Caucus:**

1. ***Latino Special Population Guidelines Status:*** The Caucus will finalize the draft Latino Special Population Guidelines including how culture and barriers impact linking Latinos to care at its next meeting on 4/18/2013. All are welcome.

**B. Consumer Caucus:** The next meeting will be scheduled shortly.

1. ***Consumer Communication Plan: Addressing Emergent Gaps in Continuity of Care/Services:***

- Mr. Land noted the dialogue over the last year on ACA implementation issues and challenges, e.g., what happens when a patient migrates to a primary care provider uncomfortable continuing his prescriptions. It is apparent more specific data is needed, e.g., what part(s) of the County are impacted and what health plans are involved.
- The Caucus will host an open forum at all of its meetings going forward to hear specifics on issues that have arisen with migration out of the Ryan White system or back into it. Everyone is welcome to participate.

**19. COMMISSION STANDING COMMITTEE REPORTS:**

**A. Priorities & Planning (P&P) Committee:**

1. ***FY 2012 Financial Expenditures:***

- Mr. Young, Chief, Financial Services Division, DHSP presented on expenditures through 1/31/2013.
- Ryan White Grant Year 22 ended 2/28/2013. Funding for Part A of \$37,564,716 will be fully maximized.
- The HRSA Part B/Single Allocation Model (SAM) Care funding cycle ends 6/30/2013. The full year projection is based on historical spending patterns and contracts including Oral Health Care, Phase II. Expenditures indicated are through 1/31/2013, but full maximization of the \$8,582,596 award is expected.
- The HRSA Minority AIDS Initiative (MAI) award cycle ends 2/28/2013. Historically, there have been rollover funds from one grant year to the next, but the term ending 2/28/2013 will fully maximize all \$4,109,303 in grant funds.
- The Summary Schedule includes all funding including Net County Cost and state funding.

**2. Oral Health Services Expansion – Phase III:** Commissioners stated their conflicts of interest.

- Mr. Vega-Matos noted the Board has approved two expansions in the course of twelve months that increased capacity from approximately 3,000 to approximately 9,900 unduplicated patients.
- DHSP believes there is still room to grow based on the demand for services. The issue was discussed at P&P. DHSP will draft a framework for continued expansion and bring it to P&P for review.
- The City of Pasadena was part of Phase I. The official opening of their new clinic will be 4/24/2013. He thanked the Board Offices, Ms. Palmeros, her team and Mr. Land for helping to remove roadblocks Pasadena had encountered.
- DHSP is working with Phase III providers including UCLA, USC and AIDS Healthcare Foundation and is identifying existing provider capacity and medical outpatient capacity to ensure patients connect with medical homes.
- Mr. Liso was concerned the dental schools at UCLA and USC are bearing the brunt of service expansion and are overwhelmed. His own teeth were extracted because he cannot afford needed services. The private sector needs to be funded and brought back into the system – if only for prevention purposes – to start. Mr. Fox said Senate President Pro Tem Darrell Steinberg has made bringing back Denti-Cal one of his priorities. He has received considerable support.

**MOTION 6:** Ratify the P&P Committee's consent for DHSP to proceed with plans for the Phase III expansion of Oral Health Services, consistent with FY 2012 and FY 2013 priorities, allocations and directives (*Passed by Consensus*).

**3. FY 2014 Priority/Allocation-Setting Schedule:** The schedule and information on last year's process were in the packet.

**B. Standards of Care (SOC) Committee:** There was no report.

**C. Joint Public Policy (JPP) Committee:**

**1. Preparing for ACA Implementation:**

- Mr. Fox said JPP focused at its last meeting on potential gaps from people transitioning from Ryan White to other services and how Ryan White might address gaps including those from new out-of-pocket costs.
- There was a lack of planning for the transition from Ryan White to LIHP. Many organizations statewide signed a letter to the Department of Health Care Services (DHCS) noting that lack and raising alarm over a lack of preparation for the transition from LIHP and other services to ACA on 1/1/2014.
- Consequent to the letter, there was a conference call with Toby Douglas, Director, DHCS and other DHCS leadership. The conversation relied on the assumption that they will use the State-based Medi-Cal expansion option (vs. the county-by-county Medi-Cal expansion option) although that has not been officially announced. That was a good sign that the state is listening to advocates since the county-by-county option is widely considered unable to provide continuity of care.
- President Obama released his budget 4/10/2013. It restores the sequester cuts and included increases of \$20 million to the Ryan White program, \$10 million to ADAP and \$10 million to Part C increases. It also invests in a \$40 million initiative to bring newly diagnosed people into care, brings back emergency funding for ADAP announced on World AIDS Day in 2011 and asks Congress to allow funding for syringe access programs.
- This indicates the administration supports funding especially to identify new positives and ensure linkage to care. It should be noted there are also House and Senate budgets so it is important to continue monitoring budget issues.

**2. 2013 JPP Committee Work Plan:** JPP compiled a list of things to do in the coming year to identify questions requiring answers and areas of concern requiring work with regards to filling gaps as implementation of ACA approaches.

**3. Covered California (CA Insurance Exchange):**

- The packet includes forms for various plan tiers with associated cost-sharing and deductibles for Covered California (the Marketplace). Mr. Fox recommended not becoming overly concerned about figures at this point.
- There is a great deal not yet known on how Ryan White might wraparound qualified health plans. The federal government also plans out-of-pocket subsidies for low income populations required to participate in the plans.

4. **Coordinated Care Initiative (Dual Eligibles):** Now called Cal MediConnect, advocates statewide, including the Commission, worked to improve this last year. The original proposal prohibited consumer choice and locked people into the demonstration project, raising concerns especially for PLWH. The final MOU addresses these concerns, e.g., there is consumer choice and PLWH can opt out of either side of the project. The MOU also includes benchmarks, allowing the State to proceed once met. County enrollment is capped at 200,000 people. It will be for 15 months rather than 12 as some counties have.
5. **Ryan White Reauthorization:** Mr. Vincent-Jones continues work on the Executive Summary, but Congress is not interested in reauthorization at this point, so it is less of an urgency. Mr. Pérez clarified that the Obama administration is not currently seeking full reauthorization but, as late as last week, Laura Cheever, Acting Associate Administrator, HIV/AIDS Bureau, HRSA, on behalf of Dr. Mary Wakefield, Administrator, HRSA, and Kathleen Sebelius, Secretary, DHHS, shared their full support for Ryan White continuing after 9/13/2013.
6. **2013 Legislative Docket:**
  - The bill to require condom use in adult entertainment films passed out of committee on a four to one vote this week. It is being referred to the Labor and Employment Committee for a hearing.
  - AB 249 would allow the Department of Public Health and OA to share ADAP data with Medi-Cal and new qualified health plans in Covered California. A hearing is scheduled soon.
  - Mr. Land asked if the ADAP system would maintain consumer information especially to ensure those leaving ADAP can return if necessary without delay. Mr. Fox replied legislative intent is to redress problems that occurred during LIHP migration when providers could not communicate with ADAP to ensure smooth transitions out of ADAP or to integrate ADAP with other services. Someone who completely leaves ADAP is not retained in the ADAP database.
  - AB 336 would prohibit using condoms as evidence in prostitution cases. A hearing is scheduled 4/23/2013 in the Assembly Public Safety Committee. AIDS Healthcare Foundation and LA Gay and Lesbian Center are co-sponsors. People who wish to send support letters may contact Mr. Fox for a template.

**D. Operations Committee:**

1. **Consumer Compensation Agreement:** There was no additional discussion.  
**MOTION 7:** Approve the proposed Consumer Compensation agreement, consistent with Policy/Procedure #09.7201 (Compensation for Unaffiliated Consumer Commission Members), as presented (***Passed as Part of the Consent Calendar***).

**20. AIDS EDUCATION/TRAINING CENTERS (AETC) REPORT:** There was no report.

**21. SPA/DISTRICT REPORTS:** There were no reports.

**22. COMMISSION/PPC COMMENT:** Mr. Smith noted 4/10/2013 was the 1st National Youth HIV/AIDS Awareness Day and Los Angeles led nationwide. As a new initiative, even providers with existing programs should do something special to catch the attention of youth. Providers with unique programming were: Bienestar; Children's Hospital, programming plus a flash mob; Connect to Protect (C2P) Los Angeles Coalition, health fair; In the Meantime, two weeks of programming; and Reach LA. Agencies providing support included AIDS Healthcare Foundation, testing; JWCH; Mr. Rosales, Los Angeles City AIDS Coordinator's Office; Erin Adams, Office of Supervisor Mark Ridley-Thomas. Support from elected officials included proclamations from the Los Angeles City Council, Board of Supervisors and Assembly Speaker John Perez. He encouraged all to begin planning for the 2nd National Youth HIV/AIDS Awareness Day today.

**23. ANNOUNCEMENTS:** There were no announcements.

**24. ADJOURNMENT:** The meeting adjourned at 2:30 pm.

**A. Roll Call (Present):**

- **Commission:** Aviña, Bailey, Ballesteros, Barrit, Fox\*, Joseph Green, James, Johnson, Kelly, Kochems, Land, Liso, Long, Abad Lopez, Jesse Lopez, Mendia, Palmeros, Pérez, Peterson, Rios/Goddard, Rivera, Spencer, Sterker, Vega-Matos, Younai
- **PPC:** Carlos-Henderson, Daniels, Enfield, Fox\*, Granados, Michael Green, Gutierrez, King, Rosales, Rotenberg, Rumanes, Milton Smith

<b>MOTION AND VOTING SUMMARY</b>		
<b>MOTION 1:</b> Approve the Agenda Order.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 2:</b> Approve the minutes from the March 7, 2013 Joint Commission/PPC meeting, as presented.	<i>Postponed</i>	<b>MOTION POSTPONED</b>
<b>MOTION 3:</b> Approve the Consent Calendar with Motions 4, 5 and 6 pulled.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 4:</b> Approve the transitional Open Nominations Process plan and materials, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 5:</b> Form the Community Engagement Task Force to commence meetings within a month and begin developing plans for consumer education, information and referral and quality dissemination.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 6:</b> Ratify the P&P Committee's consent for DHSP to proceed with plans for the Phase III expansion of Oral Health Services, consistent with FY 2012 and FY 2013 priorities, allocations and directives.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 7:</b> Approve the proposed Consumer Compensation agreement, consistent with Policy/Procedure #09.7201 (Compensation for Unaffiliated Consumer Commission Members), as presented.	<i>Passed as Part of the Consent Calendar</i>	<b>MOTION PASSED</b>